

Product-Plan Data Collection

Company Legal Name: **Kentucky Health Cooperative, Inc.**
 HIOS Issuer ID: **77894**
 Effective Date of Rate Change(s): **1/1/2016**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	KY Health Cooperative Small Group PPO			KYHC MSP Small Group PPO	
Product ID:	77894KY009			77894KY021	
Metal:	Gold	Silver	Bronze	Gold	Silver
AV Metal Value	0.793	0.689	0.620	0.815	0.719
AV Pricing Value	0.969	0.782	0.632	1.044	0.837
Plan Type:	PPO	PPO	PPO	PPO	PPO
Plan Name	KY Health Cooperative Gold SG	KY Health Cooperative Silver SG	KY Health Cooperative Bronze SG	KYHCMultistatePlanSG Gold	KYHCMultistatePlanSG Silver
Plan ID (Standard Component ID):	77894KY0090001	77894KY0090002	77894KY0090003	77894KY0210001	77894KY0210002
Exchange Plan?	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%			0.00%	
Historical Rate Increase - Calendar Year - 1	0.00%			0.00%	
Historical Rate Increase - Calendar Year 0	6.50%			0.00%	
Effective Date of Proposed Rates	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)	4.26%	3.11%	5.07%	1.28%	0.34%
Cum'tive Rate Change % (over 12 mos prior)	4.26%	3.11%	5.07%	1.28%	0.34%
Proj'd Per Rate Change % (over Exper. Period)	20.23%	14.51%	5.90%	0.00%	0.00%
Product Threshold Rate Increase %	4.09%			0.85%	

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	77894KY0090001	77894KY0090002	77894KY0090003	77894KY0210001	77894KY0210002
Inpatient	\$5.17	\$5.58	\$4.31	\$4.67	\$3.20	\$2.45
Outpatient	\$10.04	\$10.84	\$8.38	\$9.08	\$6.22	\$4.76
Professional	\$5.39	\$5.82	\$4.50	\$4.87	\$3.34	\$2.55
Prescription Drug	\$5.18	\$5.59	\$4.32	\$4.68	\$3.21	\$2.46
Other	\$0.38	\$0.41	\$0.31	\$0.34	\$0.23	\$0.18
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	-\$6.33	-\$3.93	-\$11.27	-\$10.94	-\$3.69	-\$11.71
Taxes & Fees	-\$0.65	-\$0.66	-\$0.64	-\$0.45	-\$0.95	-\$0.87
Risk & Profit Charge	-\$2.43	-\$4.38	\$1.56	\$2.56	-\$5.15	\$1.56
Total Rate Increase	\$16.74	\$19.27	\$11.47	\$14.81	\$6.41	\$1.38
Member Cost Share Increase	-\$7.78	-\$7.34	-\$8.79	-\$2.50	-\$20.73	-\$19.07

Average Current Rate PMPM	\$371.17	\$452.26	\$368.79	\$292.36	\$501.41	\$405.66
Projected Member Months	2,818	938	939	939	1	1

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	77894KY0090001	77894KY0090002	77894KY0090003	77894KY0210001	77894KY0210002
Plan Adjusted Index Rate	\$371.60	\$391.46	\$331.44	\$289.52	\$0.00	\$0.00

Member Months	1,945	1,309	625	11	0	0
Total Premium (TP)	\$722,753	\$512,418	\$207,150	\$3,185	\$0	\$0
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$536,414	\$479,188	\$57,226	\$0	\$0	\$0
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$175,053	\$128,382	\$46,671	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%			
Total Incurred claims, payable with issuer funds	\$361,361	\$350,806	\$10,555	\$0	\$0	\$0
Net Amt of Rein	-\$10,211.25	-\$6,870.21	-\$3,282.65	-\$58.39	\$0.00	\$0.00
Net Amt of Risk Adj	-\$162.09	-\$109.05	-\$52.11	-\$0.93	\$0.00	\$0.00
Incurring Claims PMPM	\$185.79	\$268.00	\$16.89	\$0.00	\$0.00	\$0.00
Allowed Claims PMPM	\$275.79	\$366.07	\$91.56	\$0.00	\$0.00	\$0.00
EHB portion of Allowed Claims, PMPM	\$275.79	\$366.07	\$91.56	\$0.00	\$0.00	\$0.00

ction IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	77894KY0090001	77894KY0090002	77894KY0090003	77894KY0210001	77894KY0210002
Plan Adjusted Index Rate	\$385.61	\$470.63	\$379.54	\$306.60	\$506.86	\$406.27
Member Months	2,818	938	939	939	1	1
Total Premium (TP)	\$1,086,650	\$441,451	\$356,388	\$287,897	\$507	\$406
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$1,321,527	\$469,222	\$446,231	\$405,067	\$526	\$480
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$398,264	\$94,622	\$143,394	\$160,017	\$96	\$134
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$923,262	\$374,600	\$302,837	\$245,051	\$430	\$345
Net Amt of Rein	-\$6,341	-\$2,111	-\$2,113	-\$2,113	-\$2	-\$2
Net Amt of Risk Adj	-\$411	-\$137	-\$137	-\$137	\$0	\$0

State: **KY**
Market: **Small Group**



